

Report Period ending:

September 2012

**Campaign Sponsor** Geraint Martin  
**Campaign Manager:** Diana Dowdle  
**Campaign Clinical Leader** David Grayson

**Progress**

<p><b>Will – engagement activities</b></p>	<p>A very successful Learning Session 2 was held on 6-7 September 2012 where up to 120 people from the 13 Collaborative teams learnt from each other, shared their progress and successes and planned for the next action period. Brandon Bennett, Campaign Improvement Advisor, provided teaching on developing concepts of change and PDSA cycles; developing change packages, small scale change and implementation and measures of quality improvement. Overall people said the Learning Session was inspiring and challenging and provided good linkages between the 20,000 Days Campaign interventions and the Localities work.</p> <p>The focus on patient and family experiences were very powerful as it emphasised the patients are and need to be central to our work.</p> <p>Staff from the Te Kaahui Ora Maori Health Unit and Pacific cultural Resource Unit have linked in with the Campaign collaborative teams and have nominated key staff to attend the regular meetings.</p>
<p><b>Ideas / Opportunities</b></p>	<p>Many of the 20,000 Days Campaign Collaborative team members attended the APAC forum 19-21 September 2012 and learnt from the very inspirational leaders on models for improvement.</p> <p>At the forum the Campaign team had the privilege of meeting with Don Berwick former CEO of IHI, Maureen Bisognano President and CEO IHI and John Whittington IHI and founder of Triple Aim. We discussed the 20,000 Days Campaign progress and they were very impressed with our ground breaking work and linked us into other international programmes that are working on similar interventions.</p> <p>Many of the Campaign and Collaborative team members attended Don Berwick's session at the Cross Sector Forum at Ko Awatea on 18 September 2012 where he spoke on Opportunity and Responsibility: Better health for the population".</p>
<p><b>Execution – measures/ monitor/modify</b></p>	<p>The number of days difference between the predicted bed modelling and actual cumulative bed days since June 2011 is 8194 days.</p> <p>All Collaborative teams are focused on testing for change through PDSA cycles. The importance of frequent small tests for change has been a good focus for each collaborative.</p>
<p><b>Project organisation</b></p>	<p>Currently recruiting 0.5 FTE Collaborative Clinical Co-ordinator to support the Healthy Hearts Collaborative team initially. This role is one way to support clinicians involved in the Collaborative.</p> <p>The second Learning Session 6-7 September 2012 was held. The Learning Session outputs achieved were:</p> <ol style="list-style-type: none"> <li>1. A cohesive plan for the next action period;</li> <li>2. Clarity on measurement, processes and reporting;</li> <li>3. The motivation and confidence to continue to progress the work.</li> </ol> <p>All collaborative team members well represented at the Learning Session.</p> <p>Brandon Bennett was at Ko Awatea from 31 August 2012 for two weeks working with the Campaign team and collaborative teams. He taught at the Campaign's Learning Session and followed up with each collaborative team supporting their work and PDSA cycles of learning. The teams really enjoyed having Brandon</p>

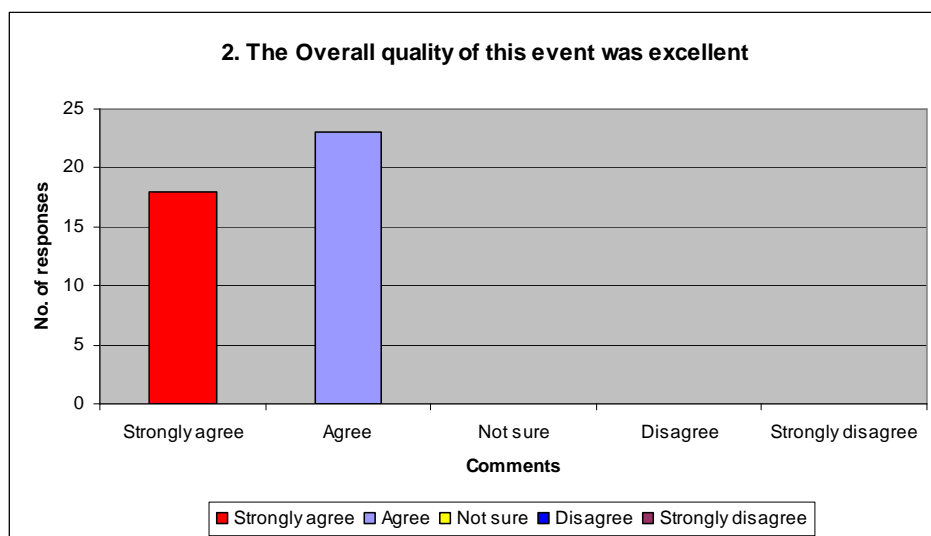
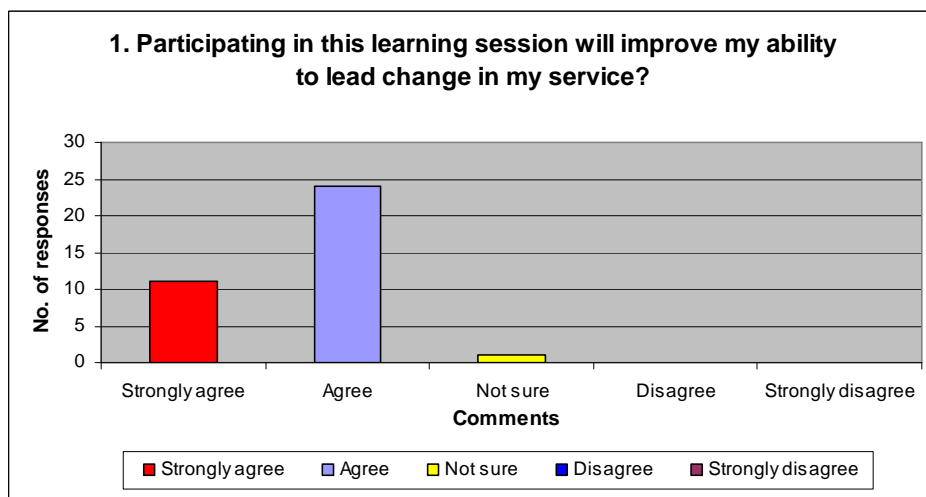
	<p>Bennett at the weekly meetings. This helped to focus in on the measures and what they are trying to achieve.</p>
<p><b>Interventions Areas – Collaborative teams</b></p>	<p>The aims of the Collaborative teams have been rewritten to be included in the Campaign brochure and used in the community.</p> <p><b>Highlights for the Collaboratives:</b></p> <ul style="list-style-type: none"> <li>• <b>Healthy Hearts</b> - The first PDSA cycle for the Hand Held Echo (HHE) has been completed and the results are encouraging. Further PDSA cycles are planned which include “Early Start to discharge process”, Hand Held Echo, Follow up phone calls and a Titration Clinic.</li> <li>• <b>Better Breathing</b> <ul style="list-style-type: none"> <li>- Richard Hulme (Clinical Leader) commenced testing for the Primary Care early diagnosis bundle with one East Tamaki Healthcare practice with the aim of screening all smokers and ex-smokers of 40 years and over.</li> <li>- Brad Mika, ex All Black and Blues player attended the first graduation ceremony for our Better Breathing class. Brad handed out certificates and merchandise, to the 10 participants who completed the community based Better Breathing Programme. Participants with chronic lung conditions, attend two sessions per week over an 8 week period at the Otara Leisure Centre, involving one hour of exercise and an interactive education session. The aim of the programme is to improve knowledge of self-management strategies, optimal use of medications, dietary advice and good breathing strategies.</li> </ul> </li> <li>• <b>Rapid Response and Supportive Discharge</b> – The Collaborative is well underway for testing integration of care for older people within three General Practices in Botany. 20,000 Days team are now attending the collaborative meetings and will work to identify ways to support the rapid response work.</li> <li>• <b>Community Geriatric Service (CGS)</b> – Work has begun to plan the spread of the CGS model to all general practices starting in Botany and Franklin Localities. Brandon Bennett attended one of the meetings and helped map the CGS process and identify where improvement can be gained.</li> <li>• <b>Delirium Care and Management</b> – The CAM tool has been finalised after a series of PDSA. The Watch information sheet has been created along with a Watch Folder and will be tested next. A display board is currently being put together to keep staff, family and patients abreast with progress of the collaborative</li> <li>• <b>Hip Fracture Management</b> – The Patient Experience Tool has been started with hip fracture patients. The 7 day rehabilitation continues with 9 patients discharged and the average LOS of those patients was 20 days. (1 pt stayed 30 days due to medical issues which skewed the result)</li> <li>• <b>Cellulitis &amp; Skin Infections</b> - Ongoing work with Surgery and TADU looking at PDSA cycles on simple abscess theatre cases being managed via TADU with no admission. Ongoing progress in the development of public education and prevention interventions in the community and primary care sectors.</li> <li>• <b>Enhanced Recovery after Surgery (ERAS)</b> - Orthopaedics hips and knees and Gynaecology laparoscopic are working well and have analysed the baseline data.</li> <li>• <b>Transitions of Care</b> - Separated into two work streams the Goal Discharge Date (GDD) and Weekend discharges to progress the work.</li> <li>• <b>St John</b> - There was a successful extension to increase the number of Accident &amp; Medical (A&amp;M) Centres in the CMDHB area in July, so all CMDHB region Accident &amp; Medical Centres are now involved in the project. St John have completed analysis into the capacity freed up by this project and expect to see an increase in the numbers of patients transferred to A&amp;Ms</li> <li>• <b>Helping High Risk People</b> - A group of five GP practices in Manukau are willing to be involved to start to implement a bundle of care for identified high</li> </ul>

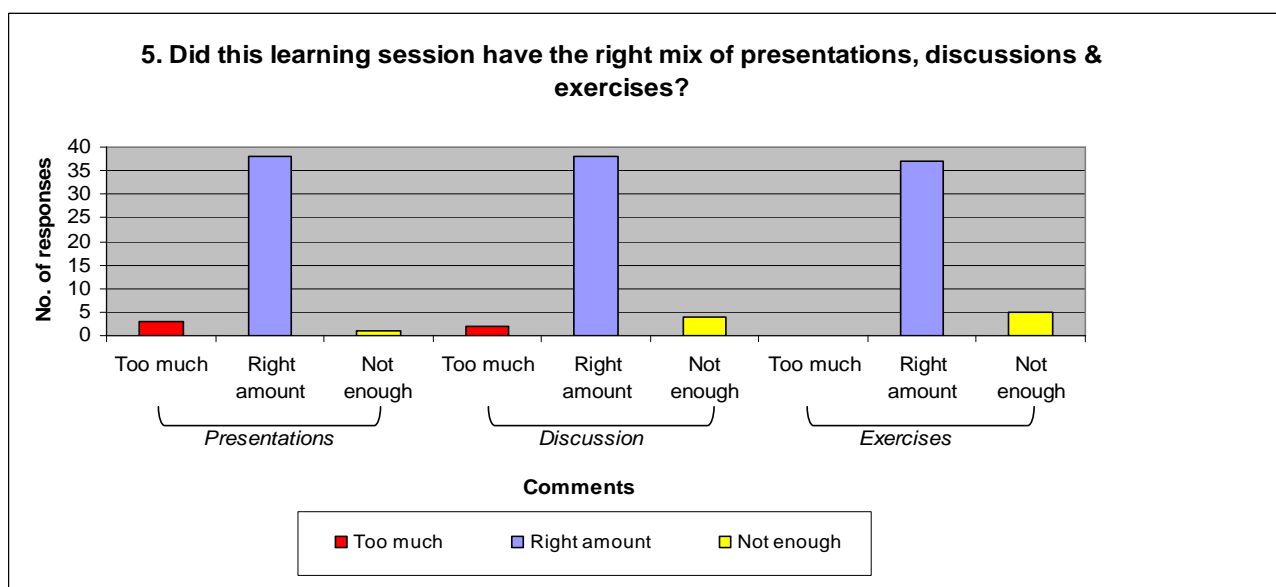
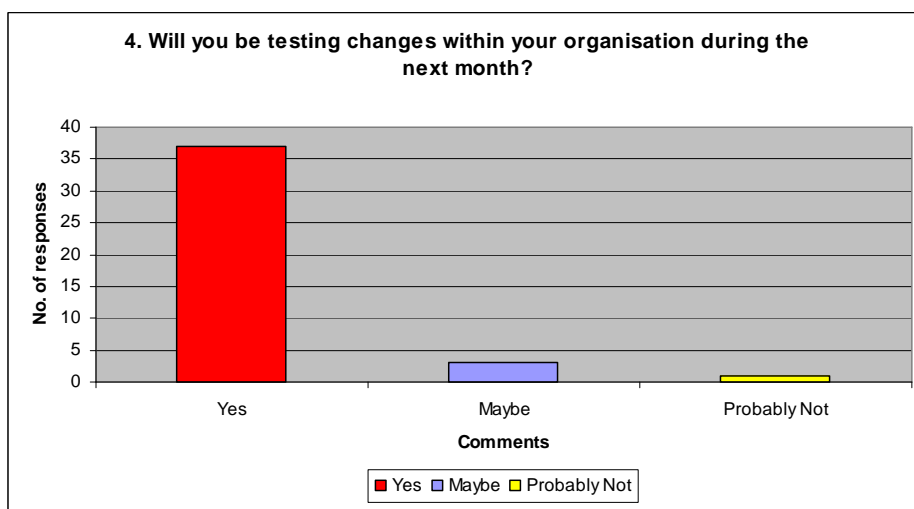
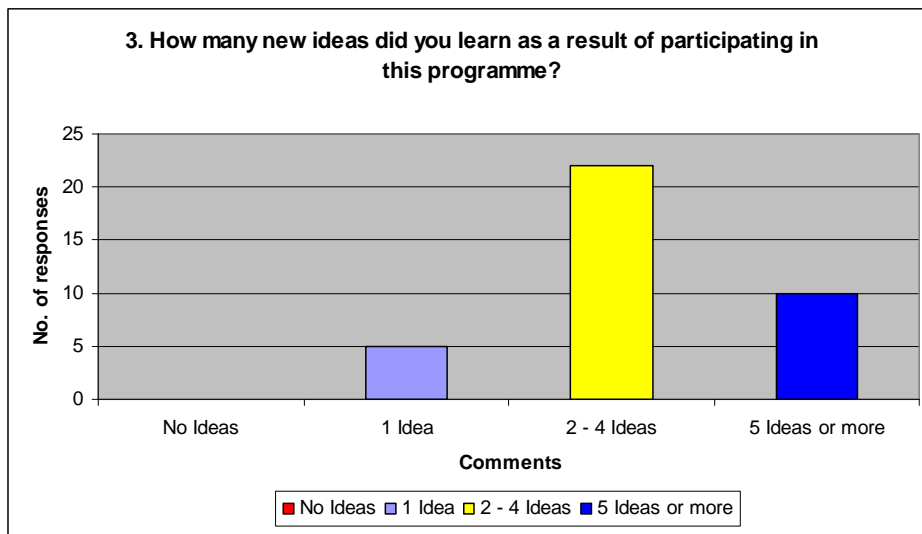
	<p>risk people. Also includes a model of care with a visiting general physician in Primary Care</p> <ul style="list-style-type: none"> <li>• <b>Safer Medicines Outcomes on Transfer Home (SMOOTH)</b> - PDSA cycles started on 23 August looking at referral criteria for staff to refer additional high risk patients not identified via the ART tool (A Prioritisation Risk Tool). Measures have been identified for the collaborative.</li> <li>• <b>Very High Intensity Users (VHIU)</b> – Working to identify referral criteria for high risk people from general practices.</li> </ul>
<b>Budget</b>	20,000 Days Campaign budget has processes in place to monitor and manage the budget in conjunction with the Localities work to reduce duplication and provide co-ordination across the work. Recruitment of staff is in progress for some Collaboratives.
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Presentations, resource documents and videos can be viewed on <a href="http://www.koawateablog.co.nz">www.koawateablog.co.nz</a> /20,000 Days</li> <li>• Brandon Bennetts Workshop session and Masterclass in June 2012 are available in DVD for training purposes.</li> <li>• The brochure has been updated for the Campaign with the revised Collaborative teams and the aims.</li> <li>• Presentations from the Learning Session 2 will be posted on the Ko Awatea blog and website.</li> </ul>
<b>Campaign Milestones</b>	See attached
<b>Learning Session Evaluation graphs</b>	See attached

	Campaign Milestones	Completion Date	Status ✓ on track ▲ at risk X behind schedule
Collaborative development, recruitment and engagement	Leadership Group identified	September 2011	✓
	Improvement Science in Action Training	12 – 14 October 2011	✓
	Breakthrough Series Training	17-19 October 2011	✓
	Campaign Management Group recruited	2 December 2011	✓ meeting 10 January 2012
	Campaign Measurement group established	2 December 2011	✓ meeting 23 January 2012
	Assessment for best practices and evidence meetings completed	2 December 2011	X held on 13 December 2011
	Recruit Evidence & Implementation Advisor	27 January 2012	✓
	Project Plan completed	31 January 2012	✓
	Recruitment for Collaborative Project Managers	17 February 2012	X recruiting & interviews planned for 5 March 2012 ✓ Project Managers recruited and started 19 March 2012.
	Expert meetings to review evidence Select interventions	During February 2012	✓ ✓Interventions selected 15 March 2012
	Collate and summarise initial evidence for proposed interventions	24 February 2012 + ongoing work	X continuing to receive evidence summaries. ✓evidence summaries completed
	Communication plan completed	24 February 2012	✓
	Engagement session re interventions selected	By end of February 2012 - date tbc	X delayed until interventions selected. Interventions selected 15 March 2012. Engagement session will not be held as Collaborative teams are being formed.
	Establishment of Collaborative project teams	29 February 2012	X Teams will be formed after interventions are selected ✓Team will be formed by 5 April 2012. ✓Formation of teams ongoing. All team members will be invited to the Learning Session 3-4 May 2012.
The Collaborative – iterative cycles of learning, improving	'How to Guides' completed	30 March 2012	X delayed as dependent on the selection of the interventions. X to be completed after the first Learning Session once change packages identified.

	Campaign Milestones	Completion Date	Status ✓ on track ▲ at risk X behind schedule
and implementing change	<b>Phase One</b> First Collaborative Learning Session:	3-4 May 2012 Ko Awatea Centre	✓ planning progressing well ✓ successfully completed
	Monthly coaching and support to teams		✓ On going
	Second Collaborative Learning Session:	6-7 September 2012 Ko Awatea Centre	✓ Planning progressing well for the Learning Session. ✓ successfully completed
	Monthly coaching and support to teams		
	Third Collaborative Learning Session	6-7 March 2013	
<b>Completion</b>	20,000 Days saved	<b>9am 1 July 2013</b>	

### Learning Session Evaluation Graphs





## 20,000 DAYS CAMPAIGN Intervention Areas - Phase one

INTERVENTION AREAS	IMPROVEMENT ADVISOR	PROJECT MANAGER	CLINICAL LEAD
<b>Better Breathing</b>	Prem Kumar	Alison Howitt	Richard Hulme Fiona Horwood
<b>Healthy Hearts</b>	Ian Hutchby	Alison Howitt	Andrew McLaughlin Andrew Kerr
<b>Rapid Response and Supportive Discharge Community Geriatric Service Delirium Care – Early onset of confusion Hip Fracture Management</b>	Prem Kumar	Danni Farrell	Geoff Green
<b>Skin Infections and Cellulitis</b>	Ian Hutchby	Monique Davies	Vanessa Thornton
<b>Enhanced Recovery After Surgery (ERAS)</b>	Ian Hutchby	Penny Impey	Andrew Hill
<b>Transitions of Care St John</b>	Prem Kumar	Monique Davies Jo Goodfellow (GAIHN Project Manager)	Martin Chadwick Campbell Brebner
<b>Helping High Risk People</b>	Ian Hutchby	Monique Davies	Harley Aish Sanjoy Nand
<b>SMOOTH (Safer Medicine Outcomes on Transfer Home)</b>	Ian Hutchby	Monique Davies	Sanjoy Nand
<b>Very High Intensity Users (VHIU) - Integrated Case Management</b>	Prem Kumar	Alison Howitt	Harry Rea